

Therapeutic Formula Webinar Part 2 – Working with Medi-Cal Questions and Answers (Q & A)

RESOURCES

Q: Can you post the American Academy of Pediatrics energy requirements for infants?

A: The American Academy of Pediatrics document that contains energy requirements for infants can be found on the WIC website, under Local Agencies, under Information for Registered Dietitians, under Education Materials. The document is titled, "AAP's Infant and Feeding":

<http://www.cdph.ca.gov/programs/wicworks/Documents/Therapeutic%20Formula/WIC-TF-AAP-Chapter1-NutritionalNeeds.pdf>

GENERAL MEDI-CAL QUESTIONS

Q: If a participant is currently on Medi-Cal, Fee-for-Service (FFS) do we issue one month of therapeutic formula while the participant is waiting for approval through Medi-Cal?

A: Do not issue the therapeutic formula at WIC. If the participant currently has FFS Medi-Cal, send them to a pharmacy that accepts Medi-Cal to fill their therapeutic formula prescription.

Q: If a participant is currently on Medi-Cal Managed Care (MMC), and they come in with a therapeutic formula prescription, what should we do?

A: Send the participant to their MMC pharmacy. If you or the participant does not know where these pharmacies are located, contact their Managed Care Membership office.

Q: How can Local Agency staff know which type of Medi-Cal the participant has?

A: The participant may call the phone number on the back of the Medi-Cal beneficiary card to find out what type of Medi-Cal the participant has.

Q: What if the medical provider does not complete the Treatment Authorization Request (TAR) form for Medi-Cal authorization and just writes a prescription and sends them to WIC for the therapeutic formula?

A: A medical provider does not complete a TAR, the pharmacist completes it. Therefore, if the applicant/participant is currently on Medi-Cal, please send them directly to their pharmacist. Do not issue the therapeutic formula.

Q: Please clarify the 9 months, 29 days requirement.

A: The infant cannot be older than 9 months, 29 days at the time Medi-Cal authorizes the therapeutic formula. This requirement only applies to infants and not to children.

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MEDI-CAL QUESTIONS REGARDING DENIALS

Q: If the participant does not bring a denial letter month after month, is there a grace period for the participant to bring a denial letter?

A: Local Agency staff should issue one month of therapeutic formula when the participant does not bring in the denial form. If this occurs month after month, staff should probe why they don't have the denial letter to identify barriers the participant may be encountering.

Q: When the reason for Medi-Cal denial is “formula not medically necessary” should WIC deny the formula?

A: This would need to be evaluated on a case-by-case basis. WIC would only deny the request if there is no valid qualifying medical condition.

Q: Is a printout or a verbal denial from a pharmacy with the reason for denial sufficient documentation, or must the denial letter come from Medi-Cal directly?

A: This question refers to a participant who has FFS. In this situation, a printout or a verbal denial from a pharmacy is not a Medi-Cal denial. However, the printout and/or verbal information from the pharmacist is a good resource. The pharmacist may indicate the medical provider has not provided sufficient medical documentation and local agency staff or the participant may need to follow-up with the medical provider. The pharmacist may also indicate they do not wish to process the prescription and the participant will need to try a different pharmacy. In the meantime, WIC may provide the formula.

Q: Faxing in denials is new. What policy does this come from?

A: This will be in the revised WPM 390-10 policy that is forthcoming.

Q: Does State WIC want us to fax all denials or just the ones from Medi-Cal FFS or MMC?

A: Please only fax Medi-Cal FFS (also referred to as adjudication notices) and Medi-Cal Managed Care denials to State WIC.

Q: When we fax the denial letters to State WIC, would you like consent forms faxed as well?

A: Yes, when faxing a denial letter to State WIC, a consent form should be faxed as well.

Q: If the WIC participant has private insurance which denies therapeutic formula, are they also required to apply for Medi-Cal?

A: WIC staff should ask participants to apply for Medi-Cal, in the meantime, you may provide up to two months of therapeutic formula.

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MEDI-CAL QUESTIONS REGARDING PHARMACIES

Q: What do we do if local pharmacies choose not to process the Medi-Cal therapeutic formula prescription?

A: Pharmacies are private entities and they may choose not to process therapeutic formula for Medi-Cal beneficiaries. If this occurs, refer the participant to another pharmacy.

Q: Have you reached out to pharmacists to update them on this process?

A: The pharmacists were notified by the Department of Health Care Services (DHCS) via Medi-Cal website from Aug – Oct, 2011, via three separate bulletins. In addition, in July 2012, the MMC Division of DHCS issued Policy Letter 12-005 to all MMC Health Plans to advise them of their contractual requirements for providing therapeutic formula.

Q: If the WIC RD decides to fax a prescription along with the participant's personal/health information to a pharmacy to start the process, does State WIC require/recommend the participant to sign a consent form to release personal/health information?

A: Local agency staff are **not** to fax participant personal information to the pharmacy. This information is to be provided by the medical provider to the pharmacy.

PEDIASURE QUESTIONS

Q: Are we required to ask the participants to submit PediaSure requests if we think they will be denied?

A: Yes, participants need to submit their PediaSure prescriptions to Medi-Cal and Medi-Cal will make their decision to approve or deny the prescription.

Q: If we feel PediaSure is not medically necessary, and we cannot reach the provider while the participant is in the office, can we make the decision to not issue PediaSure or must we issue one month while we try to contact the provider?

A: If the RD or DN assesses that there is no valid qualifying medical condition, do not provide PediaSure until you discuss the issue with the medical provider. Please be sure to document this assessment in the ISIS Family Comments screen.

Q: Do we follow the same procedures for PediaSure as we do for other therapeutic formula?

A: Yes, the same therapeutic formula procedures should be followed for PediaSure.

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FORMULA ISSUANCE QUESTIONS

Q: Do some Medi-Cal Managed Care plans only carry Nutramigen LGG and not Nutramigen on their formularies?

A: Please contact the specific Medi-Cal Managed Care Health Plan for their therapeutic formulary.

Q: If the medical provider is requesting only one month of therapeutic formula and they have Medi-Cal and it might take time to get processed by Medi-Cal, can WIC provide the therapeutic formula?

A: If the participant already has Medi-Cal, they should submit the prescription to their Medi-Cal pharmacy. WIC should not provide the therapeutic formula.

Q: How long can WIC provide the therapeutic formula while the participant's Medi-Cal application is pending?

A: WIC can provide up to two months of therapeutic formula while the Medi-Cal application is pending. If after two months a participant still has not been approved by Medi-Cal, then providing therapeutic formula will be extended on a case-by-case basis. (See WPM 390-10)

Q: Can we accept a Pediatric Referral Form signed by a doctor's nurse?

A: As long as they have prescriptive authority in the State of California. California Nurse Practitioners and Nurse-Midwives who hold a Board of Registered Nursing-issued Furnishing Number have prescriptive authority.

Q: Do we expect any WIC therapeutic formulary changes in the near future?

A: State WIC does not have a therapeutic formulary.

Q: When we fax the denial letters to State WIC, would you like consent forms faxed as well?

A: Yes, when faxing a denial letter to State WIC, a consent form should be faxed as well.

Q: Is there a specific State consent form or is an agency specific consent form sufficient?

A: You may use your State approved agency consent form. However, if you do not have an agency consent form, you can contact your regional advisor for assistance to create one.

Q: If there is a high share of cost for Medi-Cal, will WIC cover the therapeutic formula request?

A: Yes, if Medi-Cal sends the participant a high share-of-cost letter, then State WIC will cover their therapeutic formula request as long as there is medical justification for the therapeutic formula.

Therapeutic Formula Webinar Part 2 – Working with Medi-Cal Questions and Answers (Q & A)

Q: If a therapeutic formula was approved for coverage by Medi-Cal and it is later changed by the medical provider to a standard WIC formula, can formula be issued from WIC in the same month the participant received therapeutic formula from Medi-Cal?

A: No, WIC cannot provide formula in the same month to the participant who has already been issued formula from another provider.

Q: If a 13 month old child is being tube fed by g-tube only, would Medi-Cal cover standard formula in this situation?

A: The request would have to be submitted to Medi-Cal for approval or denial.

Q: Does WIC continue providing therapeutic formula to a participant while the pharmacy is waiting for medical charts/documentation from the doctor? This has been found to take several months in some instances, if sent at all.

A: Yes, State WIC will provide therapeutic formula to a participant while they are awaiting approval or denial from Medi-Cal, as long as there is medical justification for the therapeutic formula.

Q: How often is medical documentation required for therapeutic formula when WIC provides the formula?

A: Issuance of any therapeutic formula requires medical documentation every three months by a healthcare provider with prescriptive authority. Exceptions are every six months for well-documented, chronic medical conditions, such as severe allergies. If the participant is going to be six months of age, a new Pediatric Referral form is needed with documentation of any food restrictions.

Q: Will WIC be providing Nutramigen concentrate, since Medi-Cal only provides Nutramigen powder?

A: Medi-Cal provides Nutramigen both in concentrate and powder form. The participant would need to submit their request to Medi-Cal.

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Q: Why does Medi-Cal require Alimentum to be tried first, before allowing regular Nutramigen?

A: Please see Medi-Cal's chart below for explanations of Alimentum and Nutramigen.

Extensively Hydrolyzed Products (“hypo-allergenic,” “semi-elemental”)

- Similac Expert Care Alimentum w/iron powder or liquid
- Nutramigen powder, or liquid concentrate, or ready to use (RTU) liquid
- Nutramigen Enflora-LGG powder
- Pregestimil powder

Beneficiaries are limited to:

- Current diagnosed cow's milk protein allergy (diagnosis signed by a licensed prescriber must be on, or attached to, each request for authorization and re-authorization), or
- Current diagnosed breast milk or infant formula intolerance exists and is documented in the medical record (diagnosis signed by a licensed prescriber must be on, or attached to, each request for authorization and re-authorization)

AND-

Nutramigen with Enflora LGG Powder is authorized for reimbursement only when all of the following are documented and met (signed by licensed prescriber with prescriber's contact information on the request) at each authorization :

- No immune function disorder, and
- Infant current body weight greater than 3500 grams, and
- Documented intolerance to all of the following comparable products without prebiotic
 - Similac Expert Care Alimentum powder (without prebiotic), or liquid when qualified, and
 - Nutramigen powder (without prebiotic) or liquid when qualified.

Product is limited to:

Powdered form is required.

Liquid form is authorized only when one or more of the following is met:

- Infant born at less than 34 weeks gestation (documentation must accompany each authorization and re-authorization request), or
- Birth weight was less than 1800 grams (documentation must accompany each authorization and re-authorization request), or
- Infant is currently diagnosed with immune function disorder (documentation must accompany each authorization and re-authorization request).